

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11307**

10800

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wash Sup		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) 5630 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) C c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) April 3 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 19, 1872
9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Laundry	
11. BIRTHPLACE (State or foreign country) Derbyshire England		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Dawson Smith		13b. MOTHER'S MAIDEN NAME Ellen	
14. NAME OF HUSBAND OR WIFE Rose May Smith (deceased)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-03-2982	
17. INFORMANT'S SIGNATURE OR NAME Records, State Hosp #3 Nevada Mo.		ADDRESS Nevada Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arterio-sclerosis		1 year	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION H200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 24, 1949 , to April 3, 1949 , that I last saw the deceased alive on April 3, 1949 , and that death occurred at 3:30 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul L Barone		23b. ADDRESS State Hosp #3 Nevada Mo	
23c. DATE SIGNED 4/3/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr 3, 1949	
24c. NAME OF CEMETERY OR CREMATORY Kansas City Missouri		24d. LOCATION (City, town, or county) (State) Missouri	
DATE REC'D BY LOCAL REG. April 3, 49		REGISTRAR'S SIGNATURE Nathanael H. Yarrup	
EMERALD DIRECTOR'S SIGNATURE W. Newcomer		ADDRESS 1401 Bush St. N.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1949

RECEIVED
District Health Officer No. 7,
District File Number 3-49-357
Date Filed 4-11-49

APR 14 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *D.P. Noflinger*

Licensed Embalmer No. 3958

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.